

0000202159 10/4/12

State of New Mexico  
Voucher Batch Report  
BusinessUnit 66500 Department of Health  
Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DPA/FCD  
AsOfDate 09/27/2012  
Voucher Vchr VchrLineDescr Distr Account Account Fund VendorName Withhold Accounting Period PurchaseOrder Invoice Number Total Amount  
Number Line Line# Description

00310685	1	I/S Meals & Lodging	1	542200	Employee I/S Meals & L	06101	ADAMS RICH-001	2013	09	0000090250	Adams, R. 9.20-9	165.00
Total For Voucher												165.00

Summary | Invoice Information | Payments | Voucher Attributes | Error Summary

Business Unit: 66500

Voucher ID: 00310685

Voucher Style: Regular

Invoice Number: Adams, R. 9.20-9.21.12

Invoice Date: 09/26/2012

Total: 165.00

Vendor: ADAMS, RICHARD B

RUIDOSO PUBLIC HEALTH OFFICE

RUIDOSO, NM 88345

\*Pay Terms:

Pay Now

☐ Schedule Payments

Saved

Payment Information

Scheduled Payment: 1

\*Remit to: 0000097303 

Location: 001 

\*Address: 1 

Gross Amount: 165.00 USD

Discount: 0.00 USD ☐ Discount Denied

Late Charge

Scheduled Due: 09/26/2012 

Net Due: 09/26/2012

Discount Due:

Accounting Date:

ADAMS, RICHARD B  
RUIDOSO PUBLIC HEALTH OFFICE  
103 KANSAS CITY RD  
RUIDOSO, NM 88345

Payment Method

\*Bank: WFB10

\*Account: B

\*Method: ACH ACH

Message:

Pay Group:

\*Handling: RE

\*Netting: N 

Message will appear on remittance advice.

Messages

**Summary** **Invoice Information** **Payments** **Voucher Attributes** **Error Summary**

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Total: 165.00

**Voucher Processing**☒ Post Voucher☐ Close Voucher☒ Revalue Voucher☐ Delete Voucher**Accounting Instructions**

\*Accounting Template: STANDARD

Account At: Gross

**Match Action**

\*Status: Ready

☐ Pay Unmatched Voucher**Transaction Currency**

\*Source: Tables \*Currency: USD Rate Type: CRRNT Exchange Rate: 1.00000000

**Voucher Approval**

\*Approval: Specify at this Level

Business Process: PROCESS\_VOUCHERS

Approval Rule Set: Payment Approval Rule Set 1

**Self Billing Invoice**

\*SBI Num Option: Group Vouchers (Auto-Nur

SBI Number:

**Prepayment**Prepayment Reference: ☐ Automatically Apply Prepayment ☐ Postpone Withholding**Letter of Credit**Letter of Credit ID: **Tax Group**

STATE OF NEW MEXICO  
ITEMIZED SCHEDULE  
OF TRAVEL EXPENSES

PAGE 2  
AGENCY CODE 66500

VOUCHER NUMBER

00310685

DATE 9/20/12

NAME Richard Adams

CAR LICENSE NUMBER GS1984

POST OF DUTY  
Ruidoso

PROPOSED  
(ADVANCE VOUCHER) ☐

SOCIAL SECURITY NUMBER

0000097303

MODEL Nissan

RESIDENCE

NORMAL WORK DAY 8am

TO 5pm

YEAR 2011

Ruidoso

ACTUAL  
(RECOUPMENT VOUCHER) ☒

CHARACTER OF EXPENDITURES

ENTER DESTINATION, NATURE, OF OFFICIAL  
BUSINESS, PARTY CONTACTED AND MISCELLANEOUS

ODOMETER READINGS

ENTER START  
AND FINISH

NO. OF  
MILES

MILEAGE

PER DIEM

MISCELLANEOUS

TOTALS

DATE

DEPARTURE

ARRIVAL

9/20/12 7:00am

135.00

30.00

135.00

30.00

135.00

30.00

135.00

9/21/12

7:00pm

Depart Ruidoso to Santa Fe to meet with Cabinet Secretary  
Overnight  
Santa Fe rates apply  
Depart Santa Fe to Ruidoso  
partial day per diem-12.0 hrs

30.00

30.00

30.00

30.00

30.00

30.00

30.00

PER DIEM IS BASED ON (CHECK ONE)

ACTUAL

APPROVED RATES

☒

I certify that any payment sought on this voucher does not include  
reimbursement for alcoholic beverages; I further certify that no further  
payment will be sought for the travel/training covered by this voucher.

Employee Signature

Date

☒ Check here if this claim is in compliance with the Nonroutine Reassignment provisions  
of the DFA regulations Governing the Per Diem and Mileage Act.

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LAST MODIFIED ON: 09/21/2012 11:25

(1) DFA COPY

(2) ACCOUNTING COPY

(3) VENDOR REIMBURSEMENT

(4) ORIGINATOR COPY

1. Richard Adams

do solemnly swear that the above claim for reimbursement is just and true in all respects and complies with the  
DFA Regulations Governing the Per Diem and Mileage Act.

PAYEE SIGN HERE X

*Richard Adams* 9/20/12

# New Mexico Department of Health Travel and Training Request Form

<b>Employee Information</b>	Employee Name:	Richard Adams	Position:	CMO
	Department ID and Fund:	6001001000	Telephone:	505-629-7496
	Post of Duty:	Ruidoso	Residence:	Ruidoso

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

<b>Vehicle Information</b>	<input checked="" type="checkbox"/> Check if state vehicle		<input type="checkbox"/> Check if personal vehicle		License #: GS1984	
	Year: 2011	Make: Nissan	Model: Altima			

<b>Trip/Training Information</b>	Please provide agendas, itineraries and any relevant documents.				
	Course Name: Meeting with Cabinet Secretary in Santa Fe.				
	<input checked="" type="checkbox"/> Check if training is required		<input type="checkbox"/> Check if Continuing Education credits will be granted		

<b>Travel Information</b>	Date of Request: 09/19/12		Destination: Santa Fe		
	Departure Date: (month/day/yr) 09/20/12	Time: 07:00 AM	Return Date: (month/day/yr) 9/21/12	Time: 07:00 PM	
	<input checked="" type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Training <input type="checkbox"/> Time Only <input type="checkbox"/> *Actuals <input type="checkbox"/> No cost to State/Paid By:				

\* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage: @ .41 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem: @ \$85/day	\$ 0.00
546800: Registration – Vendor		Santa Fe Only: 1 @ \$135/day	\$ 135.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem: @ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals: @ /day	\$ 0.00
Baggage Fee		With meals: @ \$45/day	\$ 0.00
Shuttle Fee		Partial day: @ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day: @ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day: 1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile	\$ 0.00	Total reimbursement to employee	\$ 165.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip	\$ 165.00
Car Rental: days @ per day	\$ 0.00		

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Supervisor/Bureau Chief Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Division Director/Hospital Administrator \_\_\_\_\_ Date \_\_\_\_\_  
(As per specific division requirements)

  
Cabinet Secretary Signature \_\_\_\_\_ Date \_\_\_\_\_  
(To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)